

NOTICE OF FORM CHANGE NO. 04-295

DATE

10/26/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**
Forms Management Unit
(916) 657-1907☐ Community Care Licensing District Offices
☐ Private and Public Adoption Agencies☐ District Attorney
☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 294C (11/99) - IHSS Income Eligibility - Child

| | | | |
|---|--|-----------------|--|
| ORDER UNIT MASTER ONLY | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input type="checkbox"/> Revised | DATE OF FORM 11/99 | REPLACES | <input type="checkbox"/> Obsolete |

REQUIRED FORM-

☒ No Change Permitted

REQUIRED FORM-

☐ Substitute Permitted With Prior DSS Approval☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788☐ Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

☒ Use until exhausted☐ Destroy

USE NEW FORM

☐ When supply available in DSS Warehouse☒ Use new form effective 11/99

USE FORM IN ACCORDANCE WITH

☐ All County Letter No.☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS NOW A MASTER ONLY.

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

IHSS INCOME ELIGIBILITY - CHILD

| | | | | | | | | |
|------|--|--|--|--|-------------|--|-------|--|
| NAME | | | | | CASE NUMBER | | MONTH | |
|------|--|--|--|--|-------------|--|-------|--|

| PARENT | | | | | RECIPIENT | | |
|---|--|--|--|--|--|---------------|----|
| A. Income deemed to a blind or disabled child living at home who is under 18. | | | | | B. IHSS share of cost computation for blind or disabled child who is under 18. | | |
| <input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled. | | | | | Unearned | Earned | |
| 1. Gross income | | | | | \$ | \$ | |
| 2. Allowance for children not blind or disabled | | | | | | | |
| a. Children's needs | | | | | | | |
| b. Children's income | | | | | \$ | \$ | \$ |
| c. Net needs (a minus b) | | | | | \$ | \$ | \$ |
| d. Total allowance (add A2c's) | | | | | \$ | | |
| 3. Remaining unearned income (A1 minus A2d) | | | | | \$ | | |
| 4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference) | | | | | | \$ | |
| 5. Remaining earned income (A1 minus A4) | | | | | | \$ | |
| 6. Any income exclusion | | | | | \$ 20 | | |
| 7. Net unearned income (A3 minus A6) | | | | | \$ | | |
| 8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference) | | | | | | \$ | |
| 9. Earned income exclusion | | | | | | \$ 65 | |
| 10. Total exclusions (A8 plus A9) | | | | | | \$ | |
| 11. Earned income (A5 minus A10) | | | | | | \$ | |
| 12. Net earned income (A11 x 1/2) | | | | | | \$ | |
| 13. Total income (A7 plus A12) | | | | | \$ | | |
| 14. Allowance for parent and spouse | | | | | | | |
| (1) (2) | | | | | \$ | | |
| 15. Income deemed to child (A13 minus A14) | | | | | \$ | | |
| <input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled. | | | | | | | |
| 16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C) | | | | | \$ | | |

| | | | | | | |
|---|--|--|--|--|-------|-------|
| 1. Income deemed to child (from A15 or A16)** | | | | | \$ | |
| 2. Unearned income (list) (Do not show exempt income) | | | | | | |
| a. | | | | | \$ | |
| b. | | | | | \$ | |
| c. | | | | | \$ | |
| 3. Total unearned income (B1 plus B2) | | | | | \$ | |
| 4. Any income exclusion | | | | | \$ 20 | |
| 5. Net unearned income (B3 minus B4) | | | | | \$ | |
| 6. Earned income (Do not show exempt income) | | | | | | \$ |
| 7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference) | | | | | | \$ |
| 8. Earned income exclusion | | | | | | \$ 65 |
| 9. Total exclusions (B7 plus B8) | | | | | | \$ |
| 10. Remaining earned income (B6 minus B9) | | | | | | \$ |
| 11. Net earned income (B10 x 1/2) | | | | | | \$ |
| 12. Other earned income deductions | | | | | | \$ |
| 13. Total net earned income (B11 minus B12) | | | | | | \$ |
| 14. Total countable income (B5 plus B13) | | | | | \$ | |
| 15. SSI/SSP payment level | | | | | \$ | |
| 16. IHSS share of cost (B14 minus B15) | | | | | \$ | |

** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

| | | | | | | | |
|--------|--|--|--|--|--|------|--|
| WORKER | | | | | | DATE | |
|--------|--|--|--|--|--|------|--|